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THE MONISM OF MAN.*

BY D. A. GORTON, M. D.

PHYSIOLOGISTS have divided and subdivided the human body into so many parts; isolated so many tissues, glands, organs, and nerve centres; differentiated such a variety of systems, properties, functions, and faculties, that it is not at all surprising that the student should sometimes lose sight of the unity of that rational being which is the real object of his search; or that the human personality, one and indivisible, which can only be recognized in the undivided whole, should, in the confusion incident to the multiplicity of the parts, completely escape his attention. The knowledge of the minute details, which is essential to success in the medical art, has a tendency, unfortunately, to dwarf the imagination of the observer, and to make a routine plodder of one who ought to be a philosopher. This tendency ought to be resolutely guarded against by the physician, if he would attain excellence in medical art and science. And we are glad to find M. Despine, in his comprehensive work, *Psychologie Naturelle*, taking special care to charge the natural psychologist with the propriety of readjusting the dissected parts of the human anatomy, if he would obtain a clear, comprehensive conception of the real being which the whole embodies.

With this analytical method of studying the human form we have no fault to find; it is a necessity of arriving at that minute and detailed knowledge of structure and function which it is one's main object to possess. It seems to us,

* The reader will find this important subject more fully discussed by the same eloquent and philosophic writer in the January number of *The National Quarterly Review*.

however, from the narrow, partial and incomplete view of man presented by many physiologists of to-day, that, after studying his anatomy with an industry highly creditable to them, they had really misapprehended the relation which the parts sustain to the whole; had in fact forgotten to reunite the parts so as to present that unity and symmetry, the perfection of which is ultimate in the human being. The justness of this criticism will be apparent to any one who will take the trouble to observe the degree of functional independence accorded the two great systems of nerves, the sympathetic and the cerebro-spinal, from which one might easily infer that man was a double being, vegetable and animal; possessing two separate and distinct lives, organic and psychic, conscious and unconscious. Nothing, however, could be farther from the truth than such an inference, as all know. Nevertheless, while all physiologists freely admit man's physiological unity, that all his parts are required to constitute the ideal whole, they still insist on keeping up the idle distinction of body and mind, mental and physical; one of which is destructible, mortal; the other, indestructible, immortal.

All the diverse distinctions which have so long been maintained to distinguish man's complex nature, as body and soul, mind and spirit; and qualities of being, as physical and psychical, etc., are predicated on pseudo-metaphysical conceptions: separating the subjective from the objective; and making an entity of that which has no existence apart from the *conception* of it. If it were a rational procedure this process of dividing the human being might justly be carried to much greater length. Instead of having one body and one soul, one mind and one spirit, his nature might be invested with several, since he is a universe in miniature in very deed, and has within him the essential characteristics of

every species of being and form of life and mind.

Plutarch wrote better than he could have known—better, at least, than the facts in his possession could have warranted—when he declared that “the substance of the body is no other than that all-receiving nature, the seat and nurse of all created beings.” The idea was not new in Plutarch’s time, nor is it new to-day to the poets and thinkers, who, like Plutarch, do not square their views of nature and things by purely objective phenomena, but who embrace causes in the category of phenomena, and advance to the broader generalization of a comprehensive design in the nature of things. The idea is new, however, to that very staid and respectable class of thinkers who cling to science as their polar star in philosophy, and accept nothing as true which she fails to verify. And that which is most interesting in this connection is that the demonstrations of science are slowly preparing the scientific mind to accept the sublime deductions of the poet-philosophers respecting the unity of the material and spiritual, body and mind, and the agency of mind in nature, and in those countless orders of being that take on form and substance—become visible in nature. She is, in fact, revolutionizing physiology in the direction of transcendentalism.

To say, therefore, that man is a physiological unity, or that he comprehends in his nature and substance, the nature and the substance of the Cosmos, or that he is a universe in miniature, is not indulging in metaphor, or figure of speech, to charm the imagination, or to over-awe the sense; neither is it putting a poetic, unreal, nor fanciful construction on a fact. Rather is it uttering a grand, literal, sublime, and solemn truth, the full force and significance of which no language is adequate to convey to the understanding of the untrained mind.

So, too, in respect of the nature and universality of life and mind, the facts and inductions of science point to no uncertain conclusion. If there is any truth in the doctrine of the correlation of force, there are as many kinds of mind as there are forms of matter or substance to correlate them—force and mind being essentially identical; form and substance their externality. Herein science and philosophy support each other. This “law of harmony” is immanent in nature, not exterior to it, and is a convenient phrase to express *design*, which is likewise im-

manent, in every form of matter, inorganic as well as organic. To deny this dignity to inorganic matter is a compromise to the common understanding, and is nowise justified by the teachings of science, or of sound philosophy. The law, or design, exhibited in the snow-flake, may be of a lower order than that exhibited in the monad, but each is perfect in its way, evolving itself according to an ideal, innate, definite, and uniform.

This fact, so constant in the evolution of every form of substance in nature, presupposes the immanence of mind in matter, call it by whatever name or phrase we may—law, instinct, principle of differentialism, or the will of an all-powerful Creator. The doctrine of the mutual convertibility of the forces, physical and psychical, the truth of which has become axiomatic, lends strong support to this view, as before stated. We are taught by this doctrine the legitimate kinship of the forces; that the diverse forms of force are forms of mind, and *vice versa*, the diverse forms of mind are forms of force. If this proposition be true, it is wholly legitimate to say that there is one form of mind in the primordial elements, as manifested in the phenomena of chrySTALLIZATION; another, in chemical compounds, as shown in the phenomena of chemical affinity; still another, in vegetable forms—the organic force; and numerous others in the ascending series of animal forms, from the simple cell formation of the jelly fish up through every grade of being to its supreme development in the cerebral convolutions of the divinest man.

It is impossible to over-estimate the influence of these conclusions on physiology. Having a basis on scientific demonstration, they must ultimately revolutionize the old ideas of the relation of mind and matter, and make way for the solution of many problems of human nature which have hitherto been inscrutable, or subjects of inane and profitless conjecture. The old distinction between life and mind have already been broken down by them; and forces, which have ordinarily been regarded as entities, as vitality, mind, and spirit, are now reduced to abstractions, having no existence apart from forms and substances which correlate them, except in the intellect of the observer.

Is it not an error, therefore, to assume, as we commonly do, that the mind of man has its seat exclusively in the head? The supremest intel-

ligence, the logical, thinking faculty, has its seat there, and is undoubtedly due to the normal activity of the cells of the cortical gray substance; but other kinds of mind, such as the unconscious life and sensibility of the individual, are peculiar properties, so to speak, of the other parts of the organism, carrying forward its several functions; the processes of nutrition, growth, repair, and decay, etc.; comprehending all these activities, the ensemble of which is known as the bodily life. The revelations of physical science have not only prepared one to entertain this view of life and mind, but the evidence derived from vivisection, notably the experiment of Pflüger with a decapitated frog, gives strong support to it, if indeed it does not demonstrate the absolute truth of it. Not only do the phenomena of nutrition go forward normally, and physical movements co-ordinate regularly in, and by animals whose cerebra have been removed, but other and more complex, and demonstrably intelligent actions are performed by them, as shown in the well-known experiment of Pflüger, just mentioned. Vivisection has been much condemned of late, both in this country and in England; but if philosophy is of as much value to mankind as we believe it to be, this one experiment of Pflüger is of vastly more consequence than the protection or preservation of the animal kingdom.

But we are not, on the present occasion, concerned so much with the nature of mind and life, as with the unity of form and substance, body and soul—the oneness, monism, of that which is usually regarded as divisible and separable. "The Cosmos," says the late Herr Strauss, "is simultaneous both cause and effect, the inward and the outward together. And man, who is but the repetition of the universe on a small scale, is both soul and body, the outward and the inward together, one and inseparable. The first lesson which the observant physiologist is called upon to learn is the coincidence and interdependence of form and force, substance and property, structure and function. The visible and the invisible are indissolubly linked together in the phenomena of nature. Function could not exist without structure; force without matter; thought without nerve substance; the psychical without the physical. These are the two sides of one and the same being;—phenomena so mutually dependent in every form of being that the natu-

ralist could easily dispense with either side of it, and deal exclusively with one or the other, without materially changing the practical results of his conclusions;—that is, he could pursue his investigations on either the physical or psychical side of life with equally faithful results. In physiology the fact is being illustrated daily in the harmony between mental physiology and natural psychology; mental pathology and medical, or morbid, psychology; the one unfolding the normal function and structure; the other, the abnormal structure and function—the disordered psychical phenomena of thought and feeling, to which the disordered and diseased substance and structure of the physical—or psychical, if one prefers the term—organism gives rise. It may not be uninteresting to trace this relation as briefly as may be in the development of the animal kingdom—on the normal side of nature—though the abnormal side is equally instructive and conclusive.

All the varieties of animal life are known to us through forms that distinguish each species; and all the properties or powers manifested or possessed by them, they hold by virtue of some peculiar substance or structure upon which such properties or powers are contingent, and by which they are able to transform plastic matter into their own peculiar substance. That which is true of the simplest form of matter is equally true—only with greater prominence—with organic forms the most complex. The lowest form of animal life, of which we possess any definite knowledge, for example, is the Amoeba, of the Protozoa family, and the lowest of the class Mollusca of Agassiz. These animals, if such they may be called, are mere conglomerations of plastic matter, which Dr. Carpenter characterizes as "living jelly." Their structure consists of an aggregation of simple cells, homogeneous throughout. They possess the powers of motion and selection, however, in so far that they wrap themselves around their food, as occasion requires, and after elaborating and absorbing the nutritious portions, summarily reject the rest. The animal character of this low form of being is shown chiefly by its dependence upon organic substances for its support, "which it gradually dissolves and appropriates that which is fitted for its own increase." Assuredly protoplasm and life are not distinct entities in these forms, except as a conception of the intellect!

Ascending the scale of being to more complex forms we find a corresponding complexity of psychical manifestations. In some of the lowest species of the Mollusk class, the Ascidian, for example, the simplest form of a nervous system is discovered, consisting of a solitary ganglion and a few branches of nerves. In these little animals, which consist of a simple oblong oyster-shape sac, with a mouth, cilia and stomach, therefore, may be observed the beginning of what the older physiologists designated as the organic properties of sensation and contractility. The little tentacles that guard the oral orifice are described as peculiarly sensitive, for the distribution of nerves is mainly to the mouth; and even the body, if touched, contracts with more or less violence, and expels the contents of the sac. Here, also, may be seen the simplest rudiments of muscle. The higher members of the mollusk exhibit a much higher nervous and muscular apparatus; and although brainless, manifest powers of prehension in selecting food and escaping from danger. The highest of them possess locomotive powers. And even the oyster and clam can open and shut their shells. Their ganglionic organs correlate mind enough to enable them to regulate their simple functions and to fill the place to which wisdom has assigned them. We are aware that all the actions of this group of animals are referred by physiologists to "reflex" functions of the nervous system. But what's in a name? Since they are to a certain degree intelligent phenomena; phenomena corresponding to those which we should expect to occur as a legitimate sequence of their nervous system, we prefer to characterize them *mental*, and to see in them the evidence of *Mind in Nature*. Dr. Carpenter, who would strongly oppose this view of the subject, as would also most other physiologists, distinctly states that "in our (his) examination of the nervous system of the Mollusca, we hitherto met with a progressive multiplication of its centres, in accordance with a progressive complication of the organism, and especially with the increase of its sensori-motor powers." This admission completely covers the ground for which we contend.

It seems to us that the physiology and anatomy of what Agassiz has classed as the *Insecta*, afford evidence of the mutual dependence of material structure and psychical force as complete and satisfactory as the nature of the case

admits. In all these forms of being we are not dealing with phenomena exclusively, but tracing, or endeavoring to trace, the connection of object and subject, and showing, or endeavoring to show, their absolute inseparableness. And we fail to see the logic or justification of that view, which would relegate the psychical phenomena of the bees and wasps to the domain of instinct, or to purely automatic or mechanical action, while attributing similar phenomena in the human species to the influence of conscious will and intelligence. Thus Dr. Carpenter, before quoted, ascribes the ingenuity of the bees to instinct, of which they furnish in his view the perfect representation of that power; "its whole aim being to work out a design which is formed *for* it, not *by* it; and the tendency to which is embodied, (as it were,) in its organization." One is inclined to ask, after reading this remarkable passage: Who forms the design of the geometric cell, or directs the building of the honey-comb? Who directs the spider to weave its web, or to lay in wait for its prey? Are these cunning and refined processes and impulses guided and superintended by the Supreme hand of a personal Presence? Oh, no, by no means! Deity has more important affairs to manage than those of wasps and spiders, we are assured. It is "instinct;" "consensual impulses," "reflex action" upon which those duties devolve. How wise is the answer! We marvel at the power of words to cheat the intellect and render automatic definitions of mental phenomena! In this way and by such means, the understanding is robbed of its full participation in the glorious mysteries of the living, moving world. We apprehend that the designing power in all these instances is within, in the nerve centres with which these ingenious and designing creatures are so well provided. Their skill in planing, weaving, and building; their powers of foresight and prehension originate with them in the coordinating centres of their nervous system. They are mental processes of the same nature and altogether similar to those carried on by similar faculties in man.

The evidence disclosed in the ascending series of animal forms, from the lowest jelly tribe to the class of vertebrated animals to which man himself belongs, goes to show that no form of being has been created, but that every form of being has been *evolved*; that man himself is an

evolution, the grand coronation of the animal kingdom, the highest of all developed beings. We have seen a tendency manifest, even in the ascidian, to differentiate organs and functions. In the human organism that tendency is completely ultimated. All minor groups of organisms, of which we have any knowledge, are differentiated in man and combine to form and differentiate the life human. The so-called vital properties, which exist isolated in the lower species of the animal, harmoniously blend in man. So, likewise, the corresponding substances and tissues, on which those properties are contingent, combine in the human organism to complete the microcosm of the universe—man. These facts are disclosed in the minute study of his corporal organization, and are by no means rhapsodical declamations, without force and meaning.

The sympathetic ganglia with their distribution of nerve-cords and nerve-plexuses in man, bear in function, a close analogy to that of the nervous system of the bee—an animal displaying the physiologist's beau-ideal of instinctive life. But its operation presents phenomena assuredly not less instinctive, so far as it goes, in man. The complex processes of digestion, mastication alone excepted, and assimilation; the circulation of the blood; respiration; reproduction; the phenomena of sleep; the conservation and repair of the organism, etc., are under the dominion of, so-called, instinct, and are carried forward independently of consciousness, in the generally received acceptation of that term. This part of the human organism has been wrongly set apart as the exclusive domain of the organic or vegetative life; and the distinction has led to confusion and misconception, as already pointed out. It is needless to trace in this place the nervous connection between the ganglionic system and the cerebro-spinal system. It will be sufficient to remark that the brain and spinal cord are themselves organic, and depend on the harmonious operations of the lower ganglionic system and its dependencies, for the performance of their prescribed functions. On the other hand the lower corporal functions are performed independently of any necessary influence of the cerebral functions, as proved by the removal of the cerebra of birds and other vertebrates; and also by anencephalic idiots of the human species. Infants have been born alive with neither a cere-

brum nor a cerebellum. Nevertheless, they lived several days and nursed regularly when the nipple was put into their mouth, and performed other "automatic" movements equally complicated.* Such beings, however, and animals that have been by surgical process deprived of a cerebrum, have no *conscious* mind and will. The ego in them has lapsed. In the cases of anencephalic idiots it is never developed; in creatures surgically deprived of it, it is evidently taken away with the cerebral substance. This conclusion is inevitable. And if the psychical powers of mind have an existence after the final dissolution of the psychical substance, with which such powers of mind are identified, the manner and mode thereof are beyond the ken of reason, or of scientific discovery, or interpretation.

But, have animals thus treated no unconscious mind and will? Are the phenomena of organic life which they manifest under such circumstances to be justly attributed to automatic or mechanical agency? Physiologists, in the main, say Yes; we, with no disguised diffidence, say No. The logic of analogy compels us to recognize in the similarity of the gray and medullary substance of the spinal cord and its crowning bulb, the medulla oblongata, to that of the brain, a similarity of functions—lower grade probably, but still similar; that is to say, *unconscious* mind and will. To us it seems unreasonable to suppose that an individual, or an animal, has no intelligent agency in what goes on in his organism unconsciously to himself; that those actions which he performs in his waking hours, as walking, winking, writing, playing on musical instruments, co-ordinating speech, etc., are automatic, or mechanical, because they are performed without disturbing his conscious attention. Why, all the phenomena of the sympathetic and spinal systems go forward unconsciously in the most systematic manner possible to conceive in health; and we are never conscious of them until diseases set in and suffering comes!

The actions of the sympathetic ganglia and the spinal cord are automatic in the sense that those of a steam engine in action, or of a ship at sea, are automatic. Put an engineer on one and a sailing master on the other, and either of them executes a purpose, with infinitely less precision, of course, but in a manner analogous to that observed in organic forms. But in these

* Vide Carpenter's Principles of Mental Physiology, p. 72

instances the automatic actions of each are under the promptings of the gray and medullary substance of the man at the helm or at the throttle valve. Are the automatic actions of the animal with the spinal cord and sympathetic ganglia less so? Remove these centres of will and sense from the animal, and if then the victim exhibits automata, or makes use of acquired or "accumulated experience," the doctrines of the advocates of automatic phenomena of the decapitated animal shall be conclusively established.

On the other hand, the evidence afforded by trustworthy physiological experiments would seem to fully warrant the conclusion that the spinal cord is possessed of mind and will, executing an intelligent purpose—unconscious perhaps—but still intelligent. The celebrated experiment of Pflüger, with a decapitated frog and acetic acid, to which we have already referred, is too well known to be recapitulated here. All agree that the animal performed very strange acts for an automaton. And it is well known, too, that doves eat and digest after their brains have been removed, provided always the food be put into their mouth. They do not know enough in their decapitated condition to *voluntarily* seek food, and that is no wonder to any one.

The phenomena of conversation and repair of the bodily organism, independently of conscious volition or direction, are well known and universally recognized. But purpose and intelligent design are everywhere apparent in them. Take, for example, the phenomena of a broken bone repairing itself after a fashion without the interposition of external appliances or aids. So likewise in that serious and most fatal malady or accident, intussusception—an accident rendered ten thousand times more fatal by the foolish interposition of art than it would be left entirely to the control of the spinal cord—we see the most consummate exhibition of surgical skill in the method devised and executed by nature for its relief and cure. In injuries of the skin, how wonderful is the skill displayed before our—we were going to say—astonished eyes, in performing anaplastic surgery! In a few days the lost cuticle is restored so perfectly that no visible trace of the wound is left behind. These conservatory processes are all miraculous enough, performed as they are by hands so airy and deli-

cate as to be all unseen, and by a process so miraculous as to escape the acutest sense; but their miraculous character would be augmented infinitely were they to go on without the intelligent presence and engineering skill of the spinal and sympathetic ganglia. As the sensori-centres of the cerebrum may perform their functions—*think and feel*—without consciousness, giving rise to that misnomer, "unconscious cerebration"—just as if cerebration were ever conscious, except in mania!—of Dr. Carpenter, so the sensori-motor and sensori-mental functions or the cord and its ganglia, in their normal state, are always performed without consciousness. And we do not know that we have such a system until it is disordered; then automata are without method; the "acquired experience" of the animal avails him nothing; the skilled hand has lost its miraculous dexterity—it is paralyzed. The individual cannot swallow, even if he consciously tries to do so; he has dysphagia; he cannot walk nor perform other symmetrical movements, even with the most powerfully and painfully conscious efforts; he has locomotor ataxia; simple wounds won't heal—the parts are anæsthetic! Disguise the truth of the condition with Greek derivatives as we will, the fact remains that the automaton will cease its automatic actions when the directing agent of them has ceased its intelligent interposition and directing agency.

When we state that the development of the cortical substance of the cerebral hemispheres and the development of the human characteristics go hand in hand, or are coincidental facts in the physiology of man, we state a proposition that carries with it quite the force of a truism. Inferences justified by analogy point unmistakably to that conclusion. Indeed, there is evidence bearing directly on the point at issue that forces conviction of its truth on the mind of every physiologist with whose writings we are acquainted.

(Concluded in next Number.)

DIPHTHERIA.

BY E. B. SQUIER, M. D.

THIS so often fatal malady has been observed, at times, for several centuries, but Bretonneau was the first modern writer to give it the title of Diphtheria.

Dr. Lippe, in a recent article, states that "its origin is due to miasm, and that it is induced by contact with objects and persons infected with the disease. Hence, diphtheria is to be considered a miasmatic contagious disease."

To the contrary of this statement, there are many writers who are agreed that it is due to the effect of some specific poison not yet understood. Raue says that "it is not contagious, like the eruptive fevers, and there is no evidence to prove that it was ever conveyed by 'fomitis.'" He further says: "We can conceive of an epidemic, which may bring about more or less contamination of the atmosphere, thus rendering susceptible persons liable to contract the disease from breathing the atmosphere; or it may be propagated by an immediate inoculation of a portion of the vitiated secretions to an absorbent surface of another person, provided this person afford a congenial soil in which the specific cause may develop its specific effects."

Diphtheria is, in every case, a constitutional disease, exhibiting peculiar local symptoms.

The earlier symptoms of the disease are, first, a feeling of lassitude, with some pain in the back, slight soreness of the throat, and more or less fever and thirst, and in nearly all cases some swelling of the cervical and sub-maxillary glands.

An examination of the throat, at this time, would show the mucous membrane to be congested, and varying in color from a pinkish to a dark, dusky hue. At this time the most prominent symptom indicative of diphtheria will be a marked debility, which is found in no other disease of so short duration.

Within a period, varying from a few hours to one or two days, the characteristic exudation takes place in the mucous membrane of the palate, tonsils, uvula, and fauces. This may extend upward into the nares, or downward into the larynx and bronchial tubes, thus rendering the case more grave.

This exudation is usually of a grayish, pearly color, and often has a glistening appearance. This is not, as is supposed by some physicians, and by the laity generally, an exudation upon the membrane affected, but is a fibrinous infiltration into the tissue of the parts.

From this it will be seen how little benefit is derived from removing this deposit before it is cast off as a slough, which usually takes place on

about the sixth day of the disease. Upon microscopic examination there have appeared in this membrane several forms of vegetable parasites, and it is upon their presence that the "bacteria theory" of the development of the disease is based.

Where the disease terminates unfavorably the patient usually dies between the fifth and seventh days, with symptoms of blood disorganization, though where there is a tendency of the exudation toward the larynx and bronchi, death often takes place much sooner.

Where recovery from the acute attack occurs the sequelae are much to be dreaded, the most prominent of these being paralysis. This may affect either the motor or sensory nerves, or both; and in some instances the nerves of special sense have been affected, thus showing how completely the blood is contaminated in this dreadful disease.

Suppuration of the glands also often follows the acute attack, the cervical glands being most frequently affected.

There is a tendency among the profession in general to diagnose the more common forms of throat diseases, such as croup, tonsillitis, pharyngitis, etc., as diphtheria. Perhaps it would be unfair to say that this is done in order that their own ability may be magnified when a speedy cure follows their prescription, when the mistake may be attributed to the habit of loose nomenclature, which many physicians indulge in.

How often we are told by people that they "had diphtheria, and was only sick *two or three* days." Or, that "Dr. So-and-so never lost a case of diphtheria." A very learned laryngologist has said: "The doctor who never lost a case of diphtheria, never had one."

Tonsillitis, simple pharyngitis, ulcerative stomatitis, and membranous croup, are the diseases most often diagnosed as diphtheria, and it is to their consideration that I will ask your attention for a moment.

Tonsillitis is simply an inflammation of the tonsils, which is attended often with a considerable fever and thirst; the voice is hoarse, and talking very difficult. An examination of the throat at this time will reveal the tonsils red and prominent, often covered with a tenacious mucus, projecting into the cavity of the fauces, and encroaching upon the passage, so as to render deglutition almost impossible. There is in this

affection none of the debility of diphtheria, and upon a thorough examination could not possibly be mistaken for it.

In simple pharyngitis there is much redness and congestion of the pharyngeal mucous membrane, and often an exudation, usually yellowish in color, but which first appears in points at the opening of the follicles, but may finally coalesce and form a smooth exudation. When this is removed, the mucous membrane will be found to be congested, but intact, and differing widely from the open sore, following the removal of the diphtheritic membrane.

With pharyngitis there is usually some febrile disturbance, often coryza, and frequently impairment of the hearing, from the inflammation following up the posterior nares to the Eustachian tubes. Ulcerative stomatitis is differentiated by the ulceration and sloughing of the membrane formed, and by its lacking the constitutional disturbance seen in diphtheria. Croup is an inflammation of the larynx and trachea, and is divided into two forms, false, or spasmodic croup; and true, or membranous croup.

In both forms the disease begins in the larynx.

The former being characterized by the tendency to spasm of the laryngeal muscles, the latter by the extensive development of a pseudo-membrane.

Spasmodic croup is developed suddenly, the patient being usually attacked at night, often without any previous symptoms, wakes from sleep with a hoarse, ringing cough, which is very violent and frequent. The face is flushed, and has an anxious expression, pulse frequent. Each inspiration is marked by the peculiar "croupy" sound. This paroxysm lasts for a short time, and gradually leaving, the child falls asleep, but may have another attack before morning, or on the succeeding nights, but not unfrequently there will be no recurrence of the disease.

In membranous croup the membrane is primarily formed in the larynx, but often extends upward into the fauces, or downward into the trachea and bronchi.

This form of the disease is developed slowly, and beginning as a slight cold, may not attract attention until the peculiar cough is noticed. There is always febrile disturbance and thirst. The voice is hoarse and often lost, but throughout the attack deglutition remains comparatively easy.

Croup will be distinguished from diphtheria by the absence of morbid debility, by the paroxysmal coughing, and by the disease being located from the first in the larynx.

Peculiar forms of diphtheria have been observed. Nasal diphtheria, in which the exudation is located in the nares, is a very serious form of the disease. This may exist alone, or be complicated, with an exudation in the fauces.

Diphtheritic conjunctivitis has been but seldom seen in this country or in England, but is of frequent occurrence in Germany, within a sporadic and epidemic form. It is usually seen in illy-nourished children of a scrofulous diathesis. This form of the disease is very contagious.

The peculiar symptoms are, first, the fibrinous infiltration into the conjunctival tissue, rendering the lid hard and tense. Second, the great swelling of the lids, and their exquisite tenderness; these latter symptoms are found in purulent ophthalmia, but in this disease when the lids are everted, the conjunctiva will be found softened and red, having a granulated or villous appearance, while in the former, the conjunctiva is of a grayish tint, and even deep scarification fails to produce a copious sanguineous discharge. When this discharge is at all severe, the prognosis, as regards sight, is very unfavorable, the chief danger being from suppuration of the cornea, caused by the impairment of its nutrition by the external chemosis. Cases of diphtheria have been reported, in which the exudation has taken place in the mucous membrane of the vagina.

Dr. Hawley, of Syracuse, N. Y., met such a case occurring in a child two and a-half years of age. This case exhibited the same constitutional symptoms as diphtheritic angina.

Another case has been reported in which the exudation was seen only upon an abrasion of the integument of the hand. Both of these cases terminated unfavorably.

We have not undertaken, in this paper, to bring up any new arguments or theories in reference to this dreaded disease, for we have enough of those already, and have only hoped to impress upon the minds of some the importance of an early and accurate diagnosis.

ERRATA.—In the letter published in the November number of this journal, the paragraph at the foot of page 183, first column, should have read—"females only admitted free," instead of "males."

Clinic.

SURGICAL CLINIC.

BY WILLIAM TOD HELMUTH, M.D.

CASE 1. *Spurious Anchylosis.*—James O. H., aged twenty-one years. History of Case:—When five years of age his head was caught between the end of a long carriage, in a saw-mill, and the end of the building, breaking the inferior maxillary on either side near the angle, and again at symphysis. The fractures were adjusted within five hours after the accident. He has gradually been losing the power of opening his mouth, and is now only able to move his jaw about one-quarter of an inch.

As a rule you will find that fractures of the lower jaw are caused by direct violence, as a blow, fall, kick, etc. By anchylosis we understand an affection of a joint, in which motion is either partially or entirely lost. The loss of motion is occasioned by deposits of a fibrous or osseous character, which are found either within or surrounding an articulation. We have *true anchylosis* when motion is entirely lost, which is generally occasioned by ossific deposits; *synostosis* being used to designate such a condition, while *false, or spurious anchylosis* indicates that motion is more or less impaired. As a rule, whenever the muscles of the part can be thrown into action, and render the tendons prominent or tense about the joint, the adhesions are not bony. False anchylosis is the rule; and it is so common, that adhesions should always be held to be fibrous until they are proved to be bony. Many persons suffer from this affection from the injudicious use of mercurials; there are but few who can realize the immense doses in which calomel was once given, particularly in the West and South, in the fevers peculiar to those sections of country, ulceration followed, and in many cases the cheek became adherent to the jaws, necessitating dissection. Dr. Westmoreland has invented an instrument for the forcible rupture of the adhesions, which consists of two metal plates, wedge-shaped, which are to be inserted between the molar teeth, and separated by a thumb-screw. There is great liability to the return of these adhesions after an operation; there is often atrophy of the parts from immobility and arrest of nutrition. I

think that in this case we can relieve this man by the use of wooden—(hickory are the best,) wedges at first, and then by the use of Westmoreland's instrument.

Case 2. *Fistula in Cheek.*—Michael M., aged forty years. History of Case:—Has an abscess on lower jaw, which formed about two years ago; apparently came from decayed tooth, which has recently been extracted. The probe passes through into the buccal cavity, forming a complete fistula.

Prescription. *Silicea*, 30th trit., twice daily; and for external application—*R. Tinct. hydrastis*, 3j.; *ac. carbol. gtt.*, xv.; *aque*, 3 iv., m., to be used night and morning.

Case 3. *Varix.*—Mary M., aged eighteen years, reported December 3rd. This is the patient to whom I applied *nitric acid* for the enlarged capillaries on the bridge of the nose. It has set up, as I intended, considerable inflammation, which leaves a light redness of the part, which will disappear in a short time.

Case 4. *Partial anchylosis of the shoulder joint.*—Charles W., aged fifty years, fell down stairs four weeks ago, and struck his shoulder on a bale of ropes. Since then it has been very sore and painful.

"There is no class of accidents which require more careful examination than those of the shoulder and hip. As a rule, these injuries should be examined immediately after the accident; for after waiting three or four weeks, as in this case, it is extremely difficult to make a correct diagnosis. I think that when this man fell, the force of the blow caused a slight contusion within the joint, which was succeeded by inflammation; adhesions formed, causing the partial anchylosis which is here present. I will give this man *rhus. tox*, 3d, every three hours, and order a bandage upon the limb, with a shoulder splint, neatly applied. I advise this to be removed twice daily, and the parts thoroughly rubbed with a mixture of *olive oil* and *arnica*—three parts of the former to one of the latter, and that gradual passive movement of the part be made for ten minutes; the splint and bandage is to be then readjusted.

Case 5. *Noma.*—James McN., aged three years. This patient, while recovering from measles, had a scab make its appearance on his lip, near the nose, which becoming swollen, ulcerated, discharging very offensive pus. The

gums and teeth became involved about two months ago; the lip is now healed, but the alveolar process is still carious.

You will remember that when I was lecturing on the various terminations of the inflammatory process, I spoke of noma, or cancer aquaticus, which usually appears in syphilitic or scrofulous patients, or it may be brought on by living in crowded tenement houses; it is often seen after measles or scarlet-fever. This disease rarely attacks children over eight years of age, and seems to be one of the affections belonging to mal-nutrition. The symptoms, in the early stages, resemble those of ordinary marasmus. The child is fretful, and wastes, grows pale, and anæmic, has some diarrhœa, and a variable and capricious appetite. Then the salivary glands enlarge, and there is pyalism, the saliva being thin, acrid, and offensive; the gums soon ulcerate, the alveolar processes become diseased, the teeth fall out, the jaw exfoliates; the ulcers on the gums are gray and fetid, and the ulceration appears to rapidly merge into gangrene. In other instances a hard swelling, of a reddish hue, may appear on the cheek, which becomes purplish, and finally ulcerates and mortifies as already mentioned to you. The medicines are chiefly *arsen.*, *secale*, *china*, *luch.*, *eurolal.*, and *carbo-veg.*, *rhus. tox.*, and *merc.* I shall prescribe for this patient the *protoiodide of merc.*, 2x trit., night and morning, and the external use of *creasote gtt. x.*, *aquæ.*, 3iv., to be used as a lotion.

Case 6. *Fibrous Tumor*.—Mrs. S., aged 43 years. History of case: Has tumor in region of left parotid gland, was first noticed six years ago, at that time was very small. She has been at the Ophthalmic Hospital, under treatment of Dr. Houghton, who has applied electrolysis, which seemed to increase its growth. After working hard all day there is a partial paralysis of her left arm; the entire left side seems to be affected. Voice is husky, and throat dry in the morning.

It has been a question with surgeons for some time past, as to whether, in certain forms of tumors, electrolysis did not increase their growth; and I think such a result is quite evident, in some cases. The symptoms of paralysis which are present in this case indicate that the tumor extends deeper than would at first appear. I think that an operation for the removal of this

would be advisable. I believe that the parotid gland has rarely, if ever, been *completely* extirpated, although there are many surgeons who claim to have performed the operation. If the patient will consent, I shall first tie the common carotid, and in that way remove the liability of troublesome hemorrhage. In performing the operation of *extirpation*, the surgeon makes an incision directly over the tumor, well down to the capsule, and then endeavors to enucleate the mass. It will be necessary to proceed with the greatest caution when attempting to free the deep-seated parts, lest the facial nerve, or the internal carotid artery, or the jugular vein be wounded. The danger of this occurrence should be explained to the patient previous to the operation. It is always well to remove the gland from *below upward*, for by this means the external carotid is brought into view during the first stage of the operation, and can be placed under control.

This patient promised to return in two weeks.

Case 7. *Weak Ankles*.—J. Gertrude O'B., aged two and a-half years. This case is one that is caused by imperfect ossification of the epiphyses of the bones of the ankle; the child was allowed to walk too young, and the result is this condition, somewhat resembling Talipes Equino-varus, from the contraction of the tendo-Achillis, drawing the foot back. The treatment for this is to apply a proper splint, which will draw the foot forward and keep it in its proper position; the child should not walk without it. Internally I would advise the internal administration of *calc-carb.*, the 30th trituration, a powder to be taken every night.

The wonderful action of this medicine in bone diseases, and especially in children of the temperament as this one now before you, is made more and more apparent every day. I have also an idea, which has arisen from closely watching such cases, that *calc-carb.* has a specific action on the ankle joint.

CLINICAL CASES.

BY E. B. SQUIER, M. D.

Case 1. *Traumatic Cataract*.—Male, aged thirty; mechanic. The lens of the right eye was injured by being struck by a foreign body, causing laceration of the capsule and lens substance.

The lens gradually absorbing the aqueous

humor, became so much enlarged as to cause an irritation of the iris, setting up an inflammation of that part.

About this time the left eye became slightly inflamed and sensitive to light, exposure to which produced considerable lachrymation; there was also present some ciliary neuralgia. Fearing that sympathetic inflammation might set in, an early removal of the cataractous lens was advised, and readily acceded to by patient and friends.

The operation I performed on October 16th, 1876, being very kindly and ably assisted by Dr. Baker, of Fayetteville, N. Y., and Dr. Miller, of Syracuse.

The operation is known as Von Graefe's, Modified Linear, the incision in this case being made upward, so as to include about one-third of the circumference of the cornea, in the sclero-corneal junction; an iridectomy of corresponding size was then made, through which the softened and enlarged lens was extracted by means of a scoop.

The man bore the effects of the anæsthetic very badly, being brought with difficulty under its influence, and suffering for several days from nausea.

For a few days he had considerable pain, which, however, gradually subsided. The left eye exhibited no unpleasant symptoms after the operation.

The dressing was simply a compress bandage, kept constantly wet with cold water. Internally he received *acon.* 4, followed, after two days, by *rhus. tox.* 3d.

Case 2. *Needle in Abdomen.*—Female, aged forty-five. November 10th, while holding a child on her lap, she was so unfortunate as to force a needle, which she carried on her apron, into the fatty tissue of the abdomen, about three inches to the left of the umbilicus. Though feeling somewhat uneasy about the accident, she did not consult a physician until the following day, when she called on an allopath, who, though able to detect it, did not remove it, and told her that "it would work its way out." Not feeling entirely satisfied with this method of treatment, and feeling occasionally pain from it, she, by the kind recommendation of our worthy secretary, consulted me.

The slight wound made by the needle was still visible, and by taking up a large fold of the

adipose tissue, which was very abundant, I could occasionally feel a catching or scratching sensation, as if the point of the needle caught deep in the tissue, but could not from this locate it with any certainty, and after working for nearly an hour, until my patient was tired, I concluded to forego further proceeding until the next day, hoping that by that time a point of local inflammation might set in, which would guide me to the exact location of the needle by the soreness.

She came the second time as directed, but everything appeared to remain in about the same condition as when last seen, excepting that every movement of the body forward caused a pricking pain, always in the same locality.

After another long search I succeeded in detecting the object, standing vertically, point upward, close to the aponeurosis of the abdominal muscles, and by taking a fold of the tissue in both hands, I was enabled to force the point of the needle through the integument with my thumbs, then grasping with forceps, it was easily withdrawn. Fearing that there might be some inflammation following the rude handling of the parts, I directed the patient to apply hot clothes over that portion of the abdomen for a few hours, and take internally *arn.* 6. No unpleasant symptoms followed.

TRAUMATIC PARAPLEGIA.

(Reported by William F. Decker, M.D., member of House Staff, Hom. Hospital, Ward's Island, N. Y.)

JOHN G., æt. 27, entered the hospital April 12th, 1876, suffering with partial paralysis of the lower extremities, the primary cause of which was a fall from a platform, twelve feet high. By this accident he sustained an injury in the lumbar region, which caused paralysis of both the sensory and motor nerves. He was unable to walk, and his legs were devoid of all sensation. He was taken to Bellevue Hospital, where he recovered partial control of his legs, so that he could walk about slowly. He then returned home, and after two or three months, noticed that his limbs were gradually getting weaker, and that locomotion was becoming more and more difficult, and at the present time, *i. e.*, on his entrance to our wards, is unable to walk without the use of a cane.

While walking his feet seem very heavy, as if weights were attached to each; shuffles when

taking a step, being unable to raise his limbs from the floor enough to avoid stumbling over a small object. The limbs are shrunken and emaciated, and there is almost entire loss of sensation. Feet perspire very freely since the fall; urine normal; bowels constipated of late. On examining his back, found great sensitiveness of second, third, and fourth lumbar vertebrae, which he has had since the fall. Bending the body in any direction causes excruciating pain in the sensitive portion of the spine; is unable to lift even a light weight, Has night sweats.

R. Arnica, 200, four times a day. After taking this remedy for one week, he noticed a more natural feeling in the limbs, and as the former heavy sensation disappeared, strength and ability to move them were regained.

May 1st. Legs are as natural as ever, with the exception of slight weakness, which is steadily giving way before the action of the remedy. There is also less sensitiveness of the spine, but still the patient has slight pain when bending forward, rising from a stooping position, or when severe pressure is made on the affected parts.

From this time improvement steadily continued, and May 29th, he was pronounced a well man, having fully recovered in health and the use of his limbs.

SYNOVITIS CURED BY APIS MEL. 3.

(Reported by A. P. Williams, M.D., of the Hom. Hospital, Ward's Island.)

CASE No. 1.—J. H., age 41, was admitted July 28th. In the Fall of 1865 was badly injured in the leg by a falling rafter, which crushed it so badly that amputation was rendered necessary. This was performed, the leg being removed four inches below the knee. He made a good recovery, and has since had no trouble with the stump until three weeks ago, when he changed the manner of wearing his artificial leg. Until that time he had worn a limb which was knee-bearing; in the new one the weight of the body comes upon the stump at the side of amputation. In some manner it injured the knee-joint, and synovitis resulted. On admission to the hospital, he was suffering severe pain in the joint, of a burning, stinging nature. The knee was also tender, red, smooth, shining and swollen. *R. Apis*, 3.

30th. Pain almost gone, and the swelling rapidly subsiding.

Aug. 8th. Pain has entirely ceased, although there is some tenderness remaining.

14th. Swelling and tenderness have both disappeared.

18th. Can wear the artificial leg again without pain.

22d. Discharged cured.

Case No. 2.—C. S., age 34, was admitted August 14th. Two weeks ago he fell down stairs, and induced a severe contusion of his knee. The knee felt a little sore at first, but this did not interfere with his work, until three days after the accident. Then his knee became puffed, and this was soon followed by shooting, stinging pains; with bright discoloration of the surface, and extreme tenderness of the whole joint. When first seen, after entering the ward, the knee was very much swollen, measuring sixteen inches in circumference, excessively tender to touch, and burning pains occasionally darting through it. Every motion aggravated his sufferings. The pains are worse at night. *R. Apis*, 3.

17th. Very much improved; swelling has nearly all disappeared, pain entirely relieved.

19th. Discharged cured.

MUNSON'S PHONOGRAPHIC NEWS.—This journal is printed entirely in phonographic characters, and furnishes reading matter for phonographers in the style of one of the best and most experienced short-hand reporters in New York. We have just received No. 11, which contains, besides a variety of interesting matter, a letter from Japan, giving an account of the mode of writing of that interesting people. No phonographer should fail to read the *News*. Published twice a month. Two dollars a year; 10 cents a number. Address, J. E. Munson, 34 Park Row.

THE NEW YORK OPHTHALMIC HOSPITAL for Eye and Ear, corner Third Avenue and Twenty-third street.—Report for the month ending October 31st, 1876: Number of prescriptions, 2,703; number of new patients, 349; number of patients resident in the hospital, 32; average daily attendance, 100; largest daily attendance, 140. Alfred Wanstall, M. D., Resident Surgeon.

The Homœopathic Times.

A MONTHLY JOURNAL

Of Medicine, Surgery and the Collateral Sciences.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

THE OUTLOOK.

ANOTHER year is drawing to its close. The relaxation of the summer months is superceded by the increased activity of the fall and winter. The colleges throughout the country are thronged with students, the medical journals all indicate renewed animation and vigor; local societies are in active operation, and the majority of physicians are busily at work in performing their duties to the suffering and in maintaining themselves.

In view of these facts how is Homœopathy sustaining herself to-day? How is the outlook as another year is passing? What are the prospects as the new year dawns upon us? In this country, at least, there is every reason for congratulation and hope. Our literature has been enhanced by many new and valuable contributions, whether in the book form, or in our many periodicals. New hospitals and dispensaries are springing up everywhere; new converts to the cause are daily noted; our specialists are increasing in numbers and in reputation, and our status in the community at large is now beyond peradventure. With these encouraging prospects, the question arises, how are we, as homœopaths, to push forward the work we have in hand? There are some, who becoming enthusiastic over our prosperity, are in favor of aggressiveness; of

attacking the doctrines and practices of other schools, or, in other words, of "carrying the war into Africa," and embroiling ourselves in continual controversy and prolonged discussion. Such is not at all the lesson that we have gleaned from the experiences of the past. In the evolution of truth little will be, or has been gained by attacking the opinions of others, its establishment depending chiefly in the constant development of facts.

A patient perseverance in following what we judge to be right; a firm adherence to these principles; a proper respect for the opinions of others, and a belief in the guiding of that Providence which "shapes our ends," will do more toward propagating the cause of science than the belligerent generally suppose. An aggressive warfare is always most dangerous; a proper defensive is generally most successful.

The belief in the *survival of the fittest*, has taken hold of many—perhaps of a majority of the thinking minds of this country in all departments of philosophy, medicine, religion, and politics. This is caused by the miraculous and unlooked-for terminations of many schemes, together with a knowledge of the tremendous results which often arise from the most trivial and unsuspected circumstances. These facts, these "signs of the times," together with past experience, should teach us a certain quiescence, a certain patient watchfulness, which will give dignity to our triumphs without exacerbating the feelings of our opponents. It is as dangerous to interfere with the *vis medicatrix*, in certain forms of disease, as to obstruct the progress of truth by overweening anxiety or egotistical officiousness.

We have been cognizant of all kind of controversies between the schools. There have been newspaper controversies, and controversies in the "periodicals;" there have been oral controversies on the platforms, and denunciations from the rostrum; there have been disputations on points of doctrine, and quarrels concerning

items of practice; and with all, it is doubtful if by these the progress of homœopathy has been in the slightest degree enhanced; indeed it is a matter of question, whether such a crimination and recrimination do not, on the whole, fix men more firmly in their preconceived opinions; fan into flame the embers which have been smouldering for years; turn dogmatism to bigotry, and throw dust into eyes that were just beginning to see.

Then, we have again the quarrels among ourselves. Of course we *have* had them—*have* them now, and *will* continue to have them while the world moves. But are we to suppose that in the end these bubbles will be remembered? As the great ocean of truth washes up upon the shores of time; as those great waves of light roll on majestically upon the dark outline of the shore, do they heed the shells, the pebbles, the stones, nay, even the rocks upon the coast? Over them they pass, laughing at such feeble barriers, such infinitesimal obstructions.

Just so (though the thought may be humiliating) are the miserable squabbles, the personal altercations, the endless egotistical quarrels of men, when compared to the actual advancement of any mighty truth.

Our duty, at least for the present, lies in conservatism, in the proper adherence to our principles, to the purgation of our own defects, in the free expression of opinion, and in allowing to all others the prerogative we claim for ourselves, and then to watch and wait patiently for those developments that are guided by a higher power.

With these few thoughts, we wish our readers
"A merry Christmas and a happy New Year."

SCOTT'S EMULSION.—We have found it always fresh and sweet, of easy assimilation, and not irritating to the stomach. We can commend it to the profession as a superior preparation of Cod Liver Oil, with Hypophosphites of Lime and Soda in perfect combination.

Correspondence.

To the Editors of THE TIMES:

"HANEHMANN, (Samuel,) graduated at Erlangen, Saxony, August 10th, 1799, founder of homœopathy; authorized to practice in France, August 31st, 1835. No. 1 Rue de Milan. Office hours, 12 to 2."

The above, which I take from the *Paris Medical Almanac* for 1841, appeared interesting, and I therefore send it to you (giving Hahnemann's name as there spelled). This almanac, now replaced by the *Agenda Medical*, is an annual publication, similar to the Medical Register of New York, giving the names of all physicians entitled to practice, and containing full particulars of the medical institutions of every kind; the French works referred to, give the names of *all* who are authorized to practice in Paris, without regard to their system, whether it be homœopathy, hydropathy or allopathy, and making no distinctions between regularly educated physicians. Nor does the French code of ethics, I may remark, forbid consultations with homœopaths. This publication is not official, being compiled by Dr. Raspail, a well-known author.

In the New York Medical Register, not only are the names of homœopaths excluded, but even those of some of the most accomplished men of their own school, as Carnochan, A. K. Gardiner and Holcombe, because they are willing to consult with us.

I have observed, however, in numerous visits abroad, that the possession of the medical degree there, conveys with it so much dignity and weight, that physicians are less acrimonious towards each other on account of their medical opinions than here. They know that they are all well and thoroughly educated, as they must be to receive the authorization to practice in England and on the Continent. Medical degrees are, however, so easy to obtain in this country, that the mere possession of the title means but little, and the graduate of a country medical college, who perhaps cannot write fair English, much less a difficult Latin prescription, and who has never had the benefit of hospital instruction, is placed, by virtue of his diploma, on the same footing with the M. D. who has devoted long years of labor, under the most favorable advantages, to the acquirement of his medical education.

It is greatly to the honor of our school that it was the first to have the courage and enterprise to establish the State Board of Examiners, and, that next after Harvard, one of our own colleges was the first to adopt the graded course of study; each of which will, in due time, work its influence in elevating the standard of medical education with us. Until this is elevated, medical intolerance and narrowness will find a congenial soil. Many years must however elapse, and the facilities of obtaining the right to practice be greatly lessened, before the average of scholastic and scientific acquirements of our medical men is equal to that of their professional brethren of the old world.

I do not wish to be understood to imply that many of our medical men, I may say, for want of a better expression, "the best of them," do not equal in all the best qualifications of the accomplished practitioner, those of any other country. Indeed, I do not hesitate to say that, in practical skill and success in the treatment of their patients, they often surpass them.

H. B. MILLARD.

New York, Oct. 20th.

NEW INSTRUMENTS.

NEW INSTRUMENT FOR PAINLESS HYPODERMIC INJECTIONS.

WHATEVER may have been the improvements upon the old styles of hypodermic syringes, a provision was never made for the desideratum of a painless introduction of the needle, and, that it invariably entered the skin in the proper depth and direction with mechanical precision. However well the needle may be pointed, its introduction will cause a transient, but disagreeable pain, which is only borne as being inevitable with the application of a method for alleviating greater sufferings.

In order to avoid this disadvantage a new instrument was devised, in which the needle, instead of being introduced by manual pressure, is driven in by mechanical power, and the part containing the liquid to be injected emptied at the same time. The construction of this instrument is based upon the principle of wounds inflicted with great rapidity, being almost painless, which in this case proved to be true, by actual repeated trials.



Fig. 1.

A description of the instrument will show how this principle has been successfully applied.

Fig. 1 illustrates the apparatus just after having been used; it consists of three tubes, *a*, *b*, and *c*, which are shown with a longitudinal opening, so that the interior mechanism may be seen. The tube *a* contains a spiral spring, *d*, which is drawn back to *g* by the trigger *f*, and set by moving the latter slightly to the left. By slight pressure to the right the spring will expand with great force. The tube *c*, slides over the tube *b*, which latter holds an ordinary hypodermic syringe, it is attached to *a* by a screw, is open at both ends, the opening communicating with the tube *c*, being of smaller diameter than that of the cylinder of the syringe. The tube *c* tapers towards the front and has an opening, of size sufficient for allowing the canula of the syringe to pass through readily. By the tapering end, the instrument may be applied to the skin in an acute angle, so that the needle enters not in the depth of the tissue but only under the skin.

On the tube *b* there are graduations, according to which the tube *c* may be adjusted for allowing the needle to enter up to the desired depth.

Fig. 2 shows the apparatus applied to an elevated fold of skin and thumb pressing on the trigger.

The instrument is used in the following manner: The syringe filled is placed into the tube *a*, after the spring is set as shown in fig. 4.

The tube *b*, with the tube *c* attached, is screwed to *a* and the spring made to expand. The spring will force the syringe forward, the needle enters the tissue as far as allowed by the tube *c*, and then the fluid will be evacuated uniformly. After a little practice the whole operation will last two or three seconds.

The syringe used with this apparatus is an ordinary one, of one gramme capacity, and can also be used without the apparatus; it is, how-

ever, expressly made to fit it. It is made of hard rubber, glass being too brittle to withstand the sudden jar.

In the adjustment of its parts, cements of any kind are avoided, thus facilitating cleanliness very much. The only disadvantage of a hard rubber syringe is that its contents can not be seen, and presence of air bubbles detected; how-



Fig. 2.



Fig. 3.

Allgemeine Wiener Medizinische Zeitung, of February 16th, 1875, after dwelling to some extent upon the excited sensibility of the skin of patients of a catarrhal or rheumatic indisposition, and such-suffering of neuralgia and other nervous diseases, and upon the painfulness to the sting of a hypodermic needle, even to the strongest man,



Fig. 4.

ever, when, before using the syringe, it is filled and emptied several times after each other and thereupon immediately filled, it will surely not contain air.

and still more to a delicate lady in this condition of health: "To patients of this kind, a painless method of hypodermic injections is highly desirable. The ingenuity of the instrument-maker has

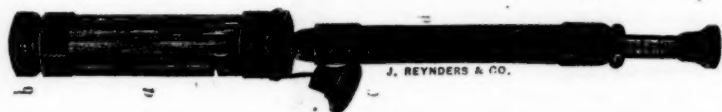


Fig. 5.

This is facilitated by the special mode of filling, illustrated by fig. 5. The syringe is attached to the vial, *a, b*, fig. 5, which contains the liquid, the vial held uppermost and the liquid thus drawn in.

The canulas of these syringes are made of steel, platinum lined inside and nickel-plated outside.

Fig. 6 shows the apparatus complete in one half of natural size, arranged in a neat hard rubber case.

Professor v. Pitha of Vienna, who has made hypodermic injections upon himself, says in the

placed within our reach an apparatus for hypodermic injections, by which the latter are rendered in fact perfectly painless. The instrument is recommendable for its pleasing appearance, and especially on account of the simple contrivance for facilitating the parallel perforation of the subcutaneous tissue, even without grasping a fold of skin. Physicians can readily make an injection

into their own arm, with this instrument, without assistance from a second person."

This instrument is for sale by John REYNERS & Co., No. 309 Fourth Avenue, New York city.



Fig. 6.

Reports of Societies.

STATE MEDICAL SOCIETY.

(Continued from page 190.)

REPORT of the Bureau of Obstetrics, presented by the Secretary, as follows:

1. "The Treatment of Puerperal Albuminuria, with remarks upon the Advisability of the Induction of Premature Labor." By Wm. N. Guernsey, M. D. Published in October TIMES.
2. "Report of a case of Puerperal Albuminuria." By Clara C. Plimpton, M. D.
3. "Report of a case of Dystocia, from an Excrecence upon the Pubic Symphysis." By Clara C. Plimpton, M. D.
4. "Absence of the Uterus, with Vaginal cul-de-sac, in an otherwise Normally Developed Woman of Twenty-five." By Clara C. Plimpton, M. D.
5. "On the Obstetric Forceps and their Frequent Use as Conservators." By A. M. Piersons, M. D.

SYNOPSIS OF DR. PLIMPTON'S PAPER.

Mrs. A., age twenty-five years, well-formed, English woman, married about six years, came to the dispensary. I found mammae and external genitalia well developed; her trouble was urinary, the urethra being very much enlarged; she could not retain her urine at all. The vaginal cul-de-sac was only about an inch in length; nothing resembling either uterus or ovaries could be detected by closest examination. She had never had any menstrual symptoms, but had no idea that she was different from others of her sex until marriage revealed it.

The Bureau of Surgery reported, through Dr. W. M. L. Fiske, the following papers:

1. "Talipes and its Varieties—Periostosteitis." By T. Dwight Stow, M. D., Chairman of the Bureau.
2. "Fracture of the Neck of the Scapula." By Frank M. Earle, M. D., of the house staff Homœopathic Hospital, Ward's Island.

SYNOPSIS OF DR. STOW'S PAPER.

Several interesting cases of talipes were reported, defining the different varieties, and the tendons concerned. Mechanical appliances, splints, shoes, etc., were elaborated upon. The author thinks very highly of Ahl's felt splints, Sayre's shoes, and Tiemann's modification of

Scarpa's shoes. He also brings forward a new method of operation, which consists of making a longitudinal incision, then passing in a blunt-pointed hook, much as in the operation for *strabismus*, and putting the tendon on the stretch, he says you are sure to cut the point you desire, and not to sever arteries, nerves, etc. He also reports a case of periostosteitis of the tibia, the treatment of which is a good illustration of homœopathic surgery, and instead of using the knife, he resorted to remedies. Among those used, are *aconite*, *arsenic*, *merc. sol.*, *merc. viv.*, *cal. phos.* and *mezereum*, the last named being found by far the most useful, the special indications for which he gives, and are as follows:

"Pain in the periosteum of the long bones, especially the tibia; worse at night in bed, and then the least touch is intolerable. Inflammation and swelling of the bones. Amelioration when walking in the open air." (*Lippe*).

Dr. F. M. Earle presented a report of a case of fracture of the neck of the scapula. This case is very interesting, inasmuch as its occurrence is denied by many authorities, but now there is no doubt but that the fracture does occur, and from the doctor's account, this would seem to be a *bona fide* case. The differential diagnosis between fracture of the neck of the scapula, and dislocation of the head of the humerus into the axilla is not easy, there are so many symptoms in common, viz., flatness of the shoulder and head of the humerus in the axilla, etc., but of course the detection of crepitus will confirm our diagnosis, and this the doctor is sure he detected.

Report of the Bureau of Gynecology. By Frank L. Vincent, M. D., chairman.

1. "Sub-Involution of the Womb." By Dr. Frank L. Vincent.
2. "Endo-Cervicitis." By Dr. W. M. L. Fiske.

3. Synopsis of a paper read before N. Y. Co. Society, on "The Indications for Abdominal Hysterotomy in Fibroid Tumors of the Uterus." By Dr. John C. Minor.

4. "Laceration of the Perineum with Recto-Vaginal Fissure." By Dr. G. D. Beebe, honorary member.

Synopsis of Dr. Fiske's paper on "Clinical Experience with Erosion and Ulceration of the Os Uteri."

The doctor said that in any case of protracted disease in the female, it is absolutely neces-

sary to make a thorough vaginal examination, both digital and by speculum. The sympathy between the uterus and all the branches of the great sympathetic nerve being so intimate, that reflex disease is often established and confounded with genuine local disorder. Erosion of cervix is almost always attended with dysmenorrhœa and cephalalgia, and when found in young women, they will almost always confess to self-abuse.

Ulceration, usually the result of a neglected erosion, showing the necessity for early discovery and efficient treatment.

That constitutional treatment may be sufficient—that local, combined, is more rapidly curative in both forms.

That all caustic applications should be entirely discarded as absolutely pernicious, unless for the destruction of fungous growths.

That great benefit results from the use of hot douche, 110° Fahrenheit in the congestion preceding and accompanying erosion.

That glycerolea, both in erosion and ulceration by protracted use, are apt to produce too rapid proliferation of cell tissue, and should not be continued. That medicated injections are absolutely useless in intra-cervicitis, and among the best local remedies *boracic acid*, *muriate-hydrastis*, and *iodoform*, are named, the *iodoform* having the preference, except its unpleasant odor. Among the best constitutional remedies—*fer. phos.*, *cunicifuga*, *val. zinc*, *helonin*, *viburnum*, and *calc. phos.*, have the preference.

SYNOPSIS OF DR. MINOR'S PAPER.

The subject of the paper was, "The Indications for Abdominal Hysterotomy in Fibroid Tumors of the Uterus." The tumors considered included all non-malignant growths of the uterus which attain such a large size that they cannot be removed by the vaginal method. They may be fibroid or fibro-cystic, interstitial, or perimetrium, but must be of sufficient volume to make a notable abdominal protuberance.

These tumors were divided into two classes, distinguished by marked clinical symptoms. The first class is of slow growth, gives rise to very serious complications, but rarely kills. It usually presents three successive phases of history—1st. A period of growth. 2d. A period in which the tumor attains its greatest size, and the maximum of severity in its symptoms. 3d. A period usually corresponding with the menopause, when the symptoms subside and the

tumor undergoes atrophy. No operation is warranted in such cases.

The second class is distinguished from the preceding by its rapid growth and inevitable fatality. It is as rapid as ovarian cysts in its development, and corresponds to them in all the features of its history. Having the same course, it has also the same termination as ovarian tumors. Like them its maturity is rapid, and the patient does not usually survive longer than two years from the time when the symptoms and size have attained their maximum. The same prognosis authorizes similar treatment, and the tumors of this class are legitimate subjects for abdominal hysterotomy. The paper closed with a review of the peculiar features which distinguish hysterotomy from ovariectomy, and included a summary of all the cases published since 1842—one hundred and nineteen cases in all, with seventy-seven deaths—a mortality of sixty-four per cent.

Dr. Bacon. Is it usual, in this operation, to establish drainage through the vagina, so as to afford an escape for purulent matter?

Ans. Yes; the same rules apply to hysterotomy as to ovariectomy. Drainage through the posterior vaginal cul-de-sac is advised by most of the recent operators.

Dr. G. D. Beebe, of Chicago, one of the honorary members of the society, presented a report upon the "Surgical Remedies for Prolapse, Involving the Uterus Vagina Bladder or Rectum."

This paper was thoroughly practical, dealing with cases drawn from the private practice of the writer, which were grouped into four classes:

1. Those where by partial or complete laceration of the perineum, the floor of the vagina was destroyed, and a partial prolapse of the uterus had occurred, attended by severe reflex disturbances.
2. Those in which the same accident had given rise to complete procidentia of the uterus and bladder.
3. Those wherein cystocele had developed as a complication of prolonged uterine disease; and
4. Those presenting only a rectocele consequent upon abnormal labor.

The paper was profusely illustrated with drawings indicating the pathology and surgical remedies for each class of cases.

The presentation of the report of the Bureau of Psychology was made by H. R. Stiles, M. D.,

chairman, and consisted of the following papers:

1. "Report of three cases of Uterine Disease treated at the N. Y. State Homœopathic Asylum for Insane, at Middletown, by Miss Georgiana Horton, with prefatory remarks, by Henry R. Stiles, M. D., Med. Superintendent."

2. "Natural Psychology." By Dr. D. A. Gorton.

3. "Defects in the present system of caring for the Insane." By Dr. Samuel Worcester, honorary member.

4. "Essay on Dementia Paralytica." By Dr. S. Lilienthal.

5. "Homœopathic Therapeutics of Insanity." By Dr. W. M. Butler.

SYNOPSIS OF DR. STILES' PAPER.

He touches upon the difficulties and embarrassments incident to the medical management of insane females in asylums, and advocates the installing of a female expert in each asylum for the insane, who shall make the necessary examinations per vaginam, report results to the attending physician, and subsequently make the local applications which he prescribes.

Appended thereto are the reports of three cases thus examined and treated by Miss Georgiana Horton.

SYNOPSIS OF DR. GORTON'S PAPER.

Dr. Gorton argued that force and matter are the complement of each other; that the force evinced by any particular class of matter is part of that matter is inherent in it, and not independent of it, as was formerly supposed. After reviewing the ancient and modern theories regarding body and soul, he argued that the body and soul are identical, and quotes a German author, who says "we touch heaven when we lay our hand on a human body." He believes that mind is universal, and that there are as many kinds of mind as there are forms of matter. He argues that the psychical manifestations are due to physical disorders, and believes that the moral nature of both man and woman is largely biased by sexual derangement. A departure from a healthy physical organization is apt to produce unnatural conditions of mind, and argues that all the abnormally wicked are physically distorted in some form, and that tubercular consumption is often the safety valve which prevents insanity.

SYNOPSIS OF DR. WORCESTER'S PAPER.

By a series of quotations from those who

have been, and are, most prominent in the management of the insane, he shows alike the folly and the cruelty of building insane asylums with a capacity of more than two hundred, or at most two hundred and fifty; that beyond this number the medical superintendent cannot do his patients (not his prisoners) justice, either individually or collectively; that where the care of large numbers is attempted in one stately edifice, as 1,175 patients at Willard Asylum, Ohio; 1,302 at State Asylum, California; 1,276 at Ward's Island, New York; 1,028 at Philadelphia, neglect and cruelty are sure to creep in—as notably at Philadelphia Asylum, at Brattleboro (Vt.), and at Ward's Island. That the true management of the insane is by the individualizing methods of Esquirol, Hahnemann, and others, which can only be attained in small institutions, and consists in learning the complete history of each case, and then frequently spending hours in the society of the patient, acquiring a knowledge of his peculiarities, delusions, and all his thoughts. The whole subject is deserving of our fullest attention.

SYNOPSIS OF DR. BUTLER'S PAPER.

He cites from his case-book, and shows the benefits accruing from homœopathic treatment of the insane.

His first case, that of a girl, æt. 19, is one of acute mania, with red face, throbbing headache, bounding pulse, and dilated pupils; treated mainly with *bellad.* 30, and discharged cured in four months.

Second case (female, æt. 25,) was similar, with desire to bite, and *bell.* again was the chief remedy. Cured in six weeks.

Third case (that of a married woman, æt. 18, insane for a few days, beginning two days after marriage,) was similar, with desire to escape, and noisy singing; noise hurts head; sleeplessness after dancing. *Bell.* again chief remedy; *arsen.* 30 also was used, with benefit for restlessness, thirst, high pulse, offensive breath, and offensive discharge from bowels. For sleeplessness and stripping off of clothes, *hyds.* acted well; *bry.* also helped for pain in knee and in chest; worse on motion, and pain in head worse on stooping. Finally, improved vastly on *calc. carb.*, which covered most of her symptoms, and was given for the desire to go home. Discharged cured at the end of four months and twenty-five days.

He states that the treatment of *melancholia* is found to be much more tedious and unsatisfactory; that the patients will obstinately conceal their symptoms, making the selection of the proper remedy in some cases almost impossible.

Cites a case of a married woman, *set.* 34, mother of six children, and having two sisters and a brother insane. Has been much addicted to rum drinking for seven years, and is of cross, nervous temperament. Three months prior to entering the asylum began to think and say that others were slandering her, and showed neglect of her work and her family. Had made several attempts at suicide, trying each time a different method—once by drowning, and once by taking white lead, etc., etc. *Aurum.* 3d, improved her condition; but owing to constipation and the white lead in her system, *alumina* 3, was exhibited with benefit. Afterward was on *hyds.* 1, for sleeplessness, and still later on *sepia*. 30 to 200, for thick, yellow, offensive leucorrhœa and indifference to her family.

For return of great depression of spirits and wishing she were dead, *aurum.* 30. Finally cured with *bellad.*, and discharged cured at the end of eight months.

Then a case of a married woman, *set.* 38, no children, whose one brother, a maternal aunt, and two great uncles, had been insane.

Had a former attack of insanity, lasting a year. Had made one suicidal attempt by cutting her throat. Menses ceased thirteen months before admission. Fifteen months before admission she became melancholic, feared she would not recover, and expressed a fear of suicide. Subject to erysipelatous eruption of the face, worse at night. When feeling badly, her kidneys would show more or less disorder. Constantly inquires whether she will get well. Sleep light, depressed in spirit, eyes congested and burning; yellow coated tongue; offensive breath. Great thirst for slight quantities; mouth and throat dry; pain over kidneys; ineffectual urging to urinate; white, excoriating leucorrhœa. Constipation, with tenesmus and burning at stool; stools dark green; "Goose-flesh;" frequent chills; hot flashes; pulse, 120, and weak; aggravation at night. *R. pulsat.*, 200, which caused improvement.

Examination, at a later date, revealed retroversion, with induration of os. Has pain on top of head, and bloating of limbs. *Pulsat.* was continued, but given in the 30th, and *morphine* sup-

positories were applied locally. *Bellad.* was sometimes substituted for the *pulsat.*, and other remedies, also, at times. Finally *calc. carb.*, 3, was used with great benefit, and she was discharged cured at the expiration of ten months.

Next, a case of a married man, *set.* 46, of a naturally good disposition, and nervous temperament. Had religious mania, and thought his soul was lost; talking constantly upon religion. Offensive breath, diarrhœa, and thinks he is to die soon. Gets excited; thinks he will be poisoned, or buried alive, and talks of killing himself. Cries and moans a good deal; small, almost imperceptible pulse, with occasional chills. Fear of being murdered. Was treated with *bellad.*, afterward with *arsen.*, and finally cured with *verat.*, 30 to 200. Discharged cured in three months.

In closing, he states that there are unlimited resources for the benefit of the insane to be found in our *materia medica*.

Dr. Beebe asked if *phosphor.* tended to restore the brain substance?

Dr. Stiles answered, that clinical experience did not indicate such an effect.

Dr. Couch asked, what results have been obtained from the use of *cimicifuga*?

Dr. Stiles answered, negative, except in one case now under treatment, which seems to be improving through its influence.

The Secretary, Dr. Hills, in reference to the transactions, said he had an estimate from a responsible party for a book of 650 pages, 1,000 copies, every way equal to Vol. I, for \$1.25 per volume, and recommended that the County Societies should assess each member a sum equal to the price of the book.

EVENING SESSION.

Report of the Bureau of Ophthalmology, presented by Dr. Hills, as follows:

1. "The Operative treatment of Strabismus Convergens." By George S. Norton, M. D., chairman of the Bureau.
2. "Progressive Near-Sightedness." By Dr. C. T. Liebold.
3. "Iritis." By Dr. W. P. Fowler.
4. "A Case of Hypermetropia Absolutum et Strabismus Convergens Periodica." By Dr. F. H. Boynton.

(Continued in next Number.)

ONONDAGA HOM. MEDICAL SOCIETY, HELD IN SYRACUSE, N. Y.

(Reported by H. V. Miller, M. D., Secretary.)

OCTOBER MEETING.

THIS association convened on the 17th instant. Dr. Jennings, recently from Missouri, being present, was invited to participate in the discussion.

"*Allium Cepa*" and "*Sanguinaria*" were announced as the subjects for discussion. The secretary then read the following paper:

ALLIUM CEPA AND SANGUINARIA

(By H. V. Miller, M. D.)

These remedies act chiefly upon the lachrymal and respiratory mucous membranes, producing an acrid watery discharge. But *allium* more prominently affects the lachrymal, nasal, laryngeal mucous membrane, and *sanguinaria* more prominently affects the bronchial portion.

Allium has a profuse watery coryza, but its lachrymal discharge is bland, while its nasal discharge is acrid and burning. After taking a full inspiration, Guernsey says the patient raises himself upon his toes, and then gives a hearty sneeze. With the coryza there is an increased secretion of urine. The coryza is worse in the evening, and in a warm room, and better in the open air. And *allium* has a violent laryngeal cough, causing a tearing or splitting pain in the larynx; hence, when coughing, children grasp the throat.

A *sanguinaria* catarrh terminates in diarrhoea. At first there is an acrid, watery coryza, rawness of the throat, painful bronchial catarrh, with cough, and finally diarrhoea.

According to Dr. Hering, *sanguinaria* is almost a specific for American sick headaches. The attacks are periodical. The pain is located chiefly above the right eye, in the supra-orbital nerve. It is attended with bilious vomiting, and is aggravated by light, noise, and motion.

Sanguinaria is indicated in many cases of climacteric facial flushes of heat, and it is an important remedy for rheumatic pains in the neck, back, extremities, and in places where the bones are least covered with muscle, and for sensitiveness of the spinous processes. There is an aggravation of pain from touch and motion.

Like *allium*, both *arsenicum* and *arum triphyllum*, have burning, acrid, watery, nasal discharge. But *arsenicum* also has nasal obstruction with the coryza, and *arum triphyllum* has

sore and cracked lips, and corners of the mouth, and raw and bloody lips and nostrils, caused by constantly picking them to relieve the itching.

Euphrasia has a profuse, mild, mucous, nasal discharge, and profuse, acrid, watery, lachrymal discharge, which keeps the cheeks red.

Kali-hydriodicum has acrid, watery, nasal discharge, with redness and swelling of the nose, and from the least cold there may be repeated and violent attacks.

Mercurius has epidemic catarrh, with fluent, acrid, nasal discharge, and sore, red, and swollen nostrils. There may, however, be no dropping of water from the nostrils.

Squilla has bronchial cough, whooping-cough, and other catarrhal affections, with sneezing, lachrymation, and coryza. The child rubs the eyes with the hands.

For chronic nasal catarrh, Jahr recommends *sulphur*, *calcarea*, *silicea*, and *cyclamen*.

Like *allium cepa*, *cyclamen* has much sneezing, but "the patient complains of a good deal of rheumatic pain in the head and ears."

Dr. Miller had successfully used *allium cepa* in coryza, and even in hay-fever, when there were much sneezing, lachrymation, and acrid, watery coryza.

Dr. Brewster gave the indications for *sanguinaria* in nervous, sick headache. The attack commences in the morning, and gradually increases through the day until night, when it gradually disappears. The pain originates in the occiput, and extends upward over the head to the forehead over the right eye. It is attended with nausea and bilious vomiting. He was accustomed to use *sanguinaria* in such cases, and he found it to be an efficient remedy.

Dr. Young had used *sanguinaria*, and always with success, in rheumatism of the right shoulder and right arm (*ferrum* for the left). In one case it succeeded after electricity had failed. He also used it with benefit in sore throat, when there are burning pain and dryness of the mucous membrane.

Dr. Doane had used this remedy with benefit in lumbago, and topically in herpetic eruption of the os uteri.

Dr. Jennings remarked that *sanguinaria* is the remedy in bronchial affections, when the patient is conscious of an offensive odor from the discharges, but the attendants do not observe it. He spoke of the hot perspiration that fre-

quently breaks out, without relief, in catarrh affections as an indication of *mercurius*. He said that *allium cepa* was recommended chiefly in early stages of coryza, but he had found it useful also in later stages.

Dr. Squier said that when indicated in later stages there are symptoms of taking more cold, much sneezing, and acrid nasal discharges.

Dr. F. Bigelow had often used this remedy successfully in coryza, when there were much sneezing and acrid, watery, nasal discharge. He had often verified the indication of *sanguinaria* in headache, when the pain commences in the occiput, and thence extends over the head to the forehead, above the right eye. The doctor presented a singular specimen of bronchial casts, coughed up by a little girl ten years old after taking cold. The casts branched out like the boughs of a tree from the trunk, and they were expectorated by the child about four weeks. Then followed a yellow, mucous expectoration. The doctor had a specimen examined under the microscope, and it was pronounced fibrinous.

Dr. Doane had also examined a specimen of these bronchial casts, under the microscope, and he found it to consist of mucus.

AN AUTOPSY.

(By E. B. Squier, M. D.)

In accordance with the request, so often made by our worthy Secretary, that I should present to this society a report of an autopsy, I to-day have the honor of presenting you a specimen prepared from the heart of a woman, aged thirty-six years, dead from heart disease.

The autopsy was made twelve hours after death took place.

The body was found to be much emaciated. The lungs were somewhat congested, as is always the case in mitral insufficiency, but exhibited no structural lesion; the liver slightly enlarged, but normal in structure; the kidneys were also normal in appearance. The heart muscle showed fatty degeneration, its walls being soft and flabby. The cavities of the heart were all enlarged.

In the cavity of the left auricle, and extending upon the mitral valves, which were shortened, was found a scanty vegetative growth, pinkish in color, and grouped together in a cauliflower-like arrangement. The surface of the lining membrane, between these excrescences, was partially eroded. The growths upon the valves were

covered with a calcareous deposit. The closure of the valves was impossible, owing both to the abnormal growths and the insufficiency.

The pathological knowledge of the development of these excrescences is rather meagre. Laennec regarded them as fibrinous concretions, which become organized by a process of absorption or nutrition analogous to that which converts false membranes into adventitious tissue.

Aran regarded this opinion as erroneous, as it would necessitate a stagnation of the blood, while it is upon the valves, the most movable part of the heart, that they are most frequently developed.

Kreysig, Bertin, and Bouillaud referred their origin to inflammation.

Corvisart regarded them as being of syctic origin.

During life the symptoms were plainly those of organic valvular disease. The normal first and second sounds of the heart were entirely lost; instead of the first sound only a loud unit was heard, and the second was marked by a slight murmur. There was with this some congestion of the lungs, all of which symptoms point to valvular disease, and led the attending physician to diagnose insufficiency of both the mitral and semi-lunar valves, and to give an unfavorable prognosis.

This case had been previously diagnosed as phthisis pulmonalis by one of the learned professors (?) of the Syracuse Medical School, and treated, in the method established by precedent in the allopathic practice, being down for three months, with cod-liver oil, and directed to daily use an electric battery.

Previous to the development of the pulmonary (?) difficulty, the same high authority had expressed an opinion that it was a rheumatic affection from which she was suffering.

After considering the accuracy of the diagnosis, and the profound pathological knowledge evinced by this expert, is it any wonder that he should express regret, upon being dismissed, that this patient was to be "tampered with by an homœopath?"

Dr. Doane said that this case came into his hands a short time previously. He treated it as a hopeless case of heart-disease. He pronounced it such when he first examined it. Both sounds of the heart were abnormal. But there was no disease of the lungs, except some slight conges-

tion (stasis?) caused by insufficiency of the mitral valve. The case had been previously treated several months for phthisis pulmonalis by one of the professors of the Syracuse Medical College, who had persistently given cod-liver oil.

The members present examined the heart, and it was found as described in Dr. Squier's paper.

Dr. Squier then read a paper on Diphtheria, which will be found in the department for "Original Articles."

On motion of Dr. Hawley, the society decided to review our code of medical ethics at the next meeting, and make any desired amendments previous to its publication.

Adjourned to November 21, 1876.

THE HAHNEMANN HOSPITAL.

LAYING THE CORNER STONE.

ADDRESSES BY SALEM H. WALES, WILLIAM CULLEN BRYANT, AND OTHERS.

THE corner-stone for the new building of the Hahnemann Homœopathic Hospital on the east side of Fourth avenue, between Sixty-seventh and Sixty-eight streets, was laid Wednesday afternoon, October 25th. The ceremonies were in accordance with ancient Masonic rites, and were under the direction of Ellwood E. Thorne, Past Grand Master of the Freemasons of this State.

After the ceremonies, Mr. Salem H. Wales, chairman of the Executive Committee of the Board of Trustees, delivered an address, of which the following is an extract:

"The pamphlet I now hold in my hand, a copy of which has just been deposited in the corner stone of this proposed edifice, contains a list of the officers and trustees of the Hahnemann Hospital, of the City of New York, with the charter and by-laws under which it has been organized. It also contains the constitution and by-laws of the Ladies' Hahnemann Hospital Association, together with its officers and managers. This hospital was originally incorporated by an act of the Legislature, passed April 12, 1848. It soon after acquired from the corporation of the city a lease for ninety-nine years of the twelve lots of ground upon which this edifice is to be erected, for the nominal rental of \$1 per annum. The society acquired some money from private contribution, but not sufficient to justify an attempt to build a hospital.

In the year 1871 the trustees of the New York Homœopathic College Dispensary held a meeting, in this city, to take the necessary steps to establish in connection with the Homœopathic College a Surgical Hospital, with the double object in view of affording means for clinical instruction

to the students, and giving opportunity to persons belonging to the medium and poorer classes to place themselves in a hospital under care of homœopathic surgeons. Shortly afterward a few ladies became interested in the movement, and undertook to raise funds for the erection of a building. A great fair was held in the Twenty-second Regiment Armory, in the spring of 1872, which resulted in a net profit of at least \$35,000.

The trustees purchased with the proceeds of this fund the large building No. 26 Gramercy Park, which was soon opened for the reception of patients. Violent opposition to it, however, arose on the part of the occupants of the neighboring houses. Steps were taken to dispose of the building, and a less objectionable location was sought for elsewhere. The building on the northeast corner of Thirty-seventh street and Lexington avenue was selected, but for good and sufficient reasons the purchase was not consummated, and the building now occupied by the Hahnemann Hospital, on Fifty-fourth street, near Broadway, was leased for this purpose for a period of three years; and the hospital has since been in successful operation.

At this time there existed in the city three district hospital organizations under the patronage of the friends of homœopathy, namely, the Hahnemann Hospital, the New York Homœopathic Surgical Hospital, and the New York Homœopathic Hospital for Women and Children. It was finally determined, after lengthy consultations by the friends of these associations, that they should be consolidated under one organization. This was finally accomplished by an act of the Legislature, passed March 20, 1875. Immediately succeeding this act of corporate consolidation, the ladies organized and put in motion another large fair, from which was realized a net profit of \$25,000. These two sums, amounting to \$60,000, together with the \$15,000 held by the Treasurer of the original Hahnemann Hospital, were deemed sufficient by the trustees to begin the erection of the central or administrative portion of the building, 65 by 68 feet, two floors of which will be devoted to wards for the sick. It is reserved for the future to erect the two pavilions on Sixty-seventh and Sixty-eighth streets.

In the progress of this benevolent undertaking we have received fresh emphasis of the noble devotion of woman in giving help and comfort to the sick and suffering. In great patience, with untiring industry, in weariness often, and in the presence of many discouragements, these noble, large-hearted Christian women went forward in their humane mission, and to-day the trustees of the Hahnemann Hospital, with pleasure and gratitude, make public acknowledgment of the permanent value of these self-denying labors. The work has been done in the spirit of our Saviour, who said—

'I was sick and ye visited me.'

Mr. Wales then spoke of the success of the Homœopathic Hospital on Ward's Island, and referred in appreciative terms to the noble efforts of his Honor Mayor Wickham, and the Commissioners of Charities and Correction, in behalf of this enterprise.

Mr. William Cullen Bryant then spoke as follows:

"I congratulate this assembly on the undertaking of which the proceedings of this day form a part—the founding of an hospital in which the treatment of patients shall be conformed to the law of cure laid down by Hahnemann. Of all the modes of charitable relief the support of public hospitals is one of the worthiest and most necessary. I took up the other day Milton's 'Paradise Lost,' and opening the volume at a passage in the eleventh book, where the Angel Michael is showing Adam what will happen to his posterity when they should multiply and fill the earth. I was deeply impressed with the frightful catalogue of diseases to which that posterity would be subject. Michael was showing our great ancestor the interior of an hospital. Then the poet proceeds:

'A lazar house it seemed, wherein were laid
Numbers of all diseased; all maladies
Of ghastly spasm or racking torture, qualms
Of heart-sick agony; all feverous kinds;
Convulsions, epilepsies, fierce catarrhs,
Intestine stone and ulcer, colic pangs;
Demoniac frenzy, moping melancholy
And moon-struck madness, pining atrophy,
Marasmus and wide-wasting pestilence,
Dropsies and asthmas and joint-racking rheums.'

And then after this appalling enumeration the poet goes on to say that amidst tossings and groans the sick are tended by Despair, who passes busily from couch to couch, while Death in triumph shakes his dart over them, but delays to strike, prolonging their misery. No wonder that Milton should represent the ancestor of the human race as giving himself up to tears at so sorrowful a spectacle. Fortunately in our own time an hospital is provided with a thousand appliances in mitigation of the sufferings of disease which in Milton's time were unknown, when the practice of medicine was far less rational than it now is. I saw the other day the account of a medical prescription which had been found among some old papers relating to the time of Oliver Cromwell, Milton's contemporary. The patient was Sir John Throckmorton, and the prescription was—what do you think, my friends? You never would hit upon it; it was a piece of a human skull reduced to powder! When physicians resorted to such absurd remedies there could be no alleviation of the sufferings of disease save what was derived from kindly and attentive nursing or the healing power of nature. These they have had in a greater or smaller measure ever since hospitals were established, and you know, my friends, that they were not in existence before the Christian era.

In all the centuries which elapsed before that era, and while the Greek and Roman civilization were at the highest and proudest perfection, there were no such institutions. There were schools of philosophy, in which the most subtle problems were discussed; the useful arts were sedulously cultivated; the fine arts flourished, as they have not flourished since; the sculptor hewed the marble to forms that seemed to breathe; the painter produced pictures which were a perfect illusion; the architect reared structures whose very ruins fill us with wonder; the orator and poet left us works

which we despair of equalling; but there were no retreats where the friendless sick, the stranger struck down by disease, the old man consumed at once by age and illness, and the poor man wounded and mangled by accident while occupied with his daily task, could be received and kindly treated until his sufferings were ended by death or a cure. It was the religion of love and sympathy that brought in the hospital and gathered into its friendly wards and laid on its comfortable beds, waited upon by experienced nurses, those who otherwise might have languished and perished by the wayside.

In the spirit of this characteristic of the later ages of the world—the spirit of charity and sympathy to which hospitals owe their existence—we welcome the establishment of one more in this community, where it is required by the rapid growth and crowded state of our population. Those by whom this undertaking has been set on foot believe that with the promulgation of the law of cure laid down by the great physician whose name this institution is to bear, a new and auspicious era of the healing art has dawned upon the civilized world. If this should be a delusion, there is no more effectual way of exposing its fallacy than to put it to the test of experiment in a public institution like this, where its results cannot be kept out of sight, and where they may be compared with those of the elder method of treatment. If, on the contrary, the conviction of which I speak have its foundation in truth, if the new and gentler methods of cure are surer and safer than the old, the daily trials of the new method will be so many proofs of its efficacy, and will commend it to general acceptance. Meantime let me say that it is a worthy liberality, a generous compassion for the sick and suffering, that to-day lays the corner-stone of an edifice to which we all wish a fortunate and satisfactory completion as the seat of an institution to which we also wish long years of usefulness in the task of lessening the sum of human misery."

An address was also delivered by the Rev. Dr. William M. Taylor.

The trustees have sufficient money to build the central or administrative building, to which wings will be added, when additional room is needed and the pecuniary resources of the institution permit.

REMOVAL.—Dr. Henry G. Preston, formerly of Albany, N.Y., has removed to Brooklyn, and associated himself in business with Dr. John Butler, at 98 Lafayette Avenue.

REPORT of the HOMŒOPATHIC MEDICAL COLLEGE DISPENSARY, for the month ending October 31st, 1876. Number of prescriptions, 1,704; number of new patients, 615.—C. S. KINNEY, Apothecary.